

**TOWN OF SAUGUS
TOWN HALL**

Treasurer/Collector
298 CENTRAL STREET
SAUGUS, MA 01906
Phone: (781) 231-4135
Fax (781) 231-7652



REFUND AMOUNT _____

Fiscal Year _____ 2015 _____

****RETURN YOUR REQUEST FOR REFUND VIA EMAIL TO
JOCELYN FAVUZZA JFAVUZZA@SAUGUS-MA.GOV *****

You must include copies of canceled checks + copies of all remittance documentation with request.

REQUEST FOR REFUND OF OVERPAYMENT

(Please Print)

Date _____

Check Payable to: _____

Mailing Address: _____

Telephone #: _____

REFUND TYPE: (Please circle)

Real Estate Personal Property Water/Sewer Motor Vehicle Excise

Account/Bill #: _____

Ownership info: _____

Property Location: _____

Parcel ID #: _____

Owner's Name: _____

Signature

**Note: Refunds take 30-60 business days from date of submission to process.*